

**Send to
GET**

Guaranteed Education Tuition Program
P. O. Box 43450 • Olympia, WA 98504-3450
1-800-955-2318 • Fax 1-360-704-6200

www.get.wa.gov • Email: BenefitsInfo@hecb.wa.gov



REIMBURSEMENT REQUEST FORM

FOR QUALIFIED EDUCATIONAL EXPENSES

GET ACCOUNT NUMBER	
Purchaser's Name	Purchaser's Social Security Number
Student's Name	Student's Social Security Number

Directions: Please indicate the appropriate type and amount of the reimbursement.

☐ Tuition and fees*

\$ _____

☐ Textbooks

\$ _____

☐ Equipment

\$ _____

☐ Supplies

\$ _____

☐ Other

(Please indicate)

\$ _____

Room and Board

☐ On Campus*

\$ _____

☐ Off Campus
(not at home)

\$ _____
(amount cannot exceed \$2500.00)

☐ Off Campus
(at home)

\$ _____
(amount cannot exceed \$1500.00)

**TOTAL AMOUNT
REQUESTED**

\$ _____

***These payments are usually made directly to educational institutions.**

Checks will be made out to the Purchaser

Please *print* address to send remittance to:

Address _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____

I certify that this reimbursement request is for qualified educational expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10% of earnings penalty for non-qualified distributions on my federal tax return. I also understand that I am responsible for maintaining adequate records to substantiate qualified higher education expenses. Qualified educational expenses include, the costs of books, supplies, and equipment required for the enrollment or attendance at an eligible educational institution. IRS rules on qualified and non-qualified higher education expenses can be found at www.irs.gov/pub/irs-pdf/p970.pdf.

Requests for reimbursement should not exceed the balance remaining in the beneficiary's GET account for the academic year of the request.

Printed name of Purchaser	Signature of Purchaser	Date
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